



Pesticide & Plant Pest Management

REQUEST FOR SEMINAR CREDITS

(SUBMIT THIRTY (30) DAYS PRIOR TO THE DATE OF SESSION)

DATE SUBMITTED:		
MEETING TITLE:		
PERSON REQUESTING CREDITS:		
PHONE # (with area code):	FAX # (with area code):	
AFFILIATION:	E-MAIL:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOST: (If different than above.)		
NAME:		
BUSINESS NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
LOCATION OF MEETING:		
FACILITY NAME:	COUNTY:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
DATE(S) OF MEETING:		
ANTICIPATED NUMBER OF PARTICIPANTS WHO WILL REQUEST CREDITS:		
REQUESTED NUMBER OF CREDITS:		
REQUESTED CERTIFICATION CATEGORY(IES):		
I THE REQUESTOR/HOST AGREE TO COMPLY WITH THE STIPLUATIONS IN THE GUIDELINES FOR CONDUCTING TRAINING SEMINARS. INITIAL: (check and initial)		
★ PLEASE FILL OUT AGENDA ON BACK ★		

AGENDA

List the following information. Be specific.

TIME (i.e. 9:00 a.m. - 10:00 a.m.)	DESCRIPTION OF TOPICS	SPEAKER

For MDA Use Only:

- ☐ Approved
☐ Denied

Number of Credits:
Reason

Category(ies)